

**EMMAUS HIGH SCHOOL COUNSELING OFFICE**

Permission to Release Student Transcript

*Please fill out completely, sign and return to the counseling office.*

We/I hereby grant our/my permission for the Emmaus High School Counseling Office to release the required information listed below from the cumulative record of:

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Name of Student	ID#	DOB
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Please send this information to: (Check all that apply)

- Colleges/Institutions
- Military Services
- Employers
- Scholarship Programs

Cumulative Record Information to be released:

- ❖ Official Academic Record – Student name, address, birth date, courses taken, earned grades, class rank percentile, cumulative grade point average.
- ❖ Family Background Data – Parents’ and/or guardians’ name and address.

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Signature of Parent/Guardian  
(Required if student is under 18)

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Signature of Student